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Bib Data Sheet

CONFIRMATION NO. 8173

<b>SERIAL NUMBER</b> 09/854,039	<b>FILING DATE</b> 05/10/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b> 0720.P001A	
<b>APPLICANTS</b> James P. Blasingame, Del Mar, CA; William C. Mohlenbrock, Del Mar, CA; Neil D. Mackenzie, San Francisco, CA;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/203,773 05/12/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ..</b> ** 07/11/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <input checked="" type="checkbox"/> Initials <input checked="" type="checkbox"/>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 46	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 022833					
<b>TITLE</b> Networked medical information system for clinical practices					
<b>FILING FEE RECEIVED</b> 608	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		